

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 8
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		08			D	D		02			Y	Y	Y	Y	Y	Y						
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Mailing Address 512A EAST IRIS DR		Amount <table border="1" style="width:100%"> <tr><td>97383.57</td></tr> </table>		97383.57																							
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City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT201675110-1																								
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>29</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	M	M		07			D	D		29			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>604401.57</td></tr> </table>	604401.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																							
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Mailing Address 512A EAST IRIS DR		Amount <table border="1" style="width:100%"> <tr><td>40180.00</td></tr> </table>		40180.00																							
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City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT201675111-1																								
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>29</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	M	M		07			D	D		29			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH																								
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604401.57																											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>137563.57</td></tr> </table>	137563.57
137563.57		
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

[Electronically Filed]

Date

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04		

Y	Y	Y	Y	Y	Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC	FEC IDENTIFICATION NUMBER ▼ C C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination 08 / 02 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 8000.00	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT201675112-1
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/ Type 	Date of Disbursement or Obligation 07 / 29 / 2016	
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 604401.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination 08 / 02 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 109606.00	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016751135-1
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/ Type 	Date of Disbursement or Obligation 07 / 27 / 2016	
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 578791.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117606.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Banning Jay

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08 / 04 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC	FEC IDENTIFICATION NUMBER ▼ C C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 7669 STAGERS LOOP			Amount 10000.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016751131-1	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016	
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		604401.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 7669 STAGERS LOOP			Amount 420838.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016751130-1	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2016	
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		604401.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	430838.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Banning Jay

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NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 7669 STAGERS LOOP			Amount 3000.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT201675113-1		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016		
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		604401.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 7669 STAGERS LOOP			Amount 25000.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016751137-1		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016		
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		604401.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 8000.00	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016751139-1
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2016
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 17782.26	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016751140-1
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2016
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25782.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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*Banning Jay**[Electronically Filed]*

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(Schedule E)PAGE 6 OF 8
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 10000.00		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT2016751142-1		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2016		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 25000.00		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT2016751143-1		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2016		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 374096.00		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT2016751144-1		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 21966.00		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT2016751145-1		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	396062.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 9340.80		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT2016751146-1		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 3000.00		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT201675129-1		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2016		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		578791.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12340.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1183192.63

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